



# Barrie Royals Basketball Club Inc.

P. O. Box 23027 Barrie, Ontario L4N 7W8

## ***TOURNAMENT REGISTRATION FORM***

**PLEASE PRINT CLEARLY**

Team Category & Gender: - \_\_\_\_\_ M / F

TEAM NAME: - \_\_\_\_\_ LEVEL: - \_\_\_\_\_

(A / AA / AAA)

LOCATION: - \_\_\_\_\_

TEAM CONTACT: - \_\_\_\_\_

Position: - \_\_\_\_\_

(Coach / Manager)

ADDRESS: - \_\_\_\_\_

CITY : - \_\_\_\_\_

POSTAL CODE : - \_\_\_\_\_

PHONE : - \_\_\_\_\_

e-mail : - \_\_\_\_\_

***TEAMS WILL ONLY BE RESERVED ON A "FIRST IN" BASIS UPON RECEIPT OF THIS FORM AND TEAM REGISTRATION FEE.***

Please submit with cheque in the amount of **\$450.**

Payable to " **Barrie Royals Basketball Club**"

**Mail To:** Michele May  
6 Hook Ct.,  
Barrie, ON L4N 7H7

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Amount Paid: - \$ \_\_\_\_\_  Cheque  Cash \_\_\_\_\_

Date Rec'd: - \_\_\_\_\_ Rec'd by: - \_\_\_\_\_

